

# SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER  
123 MAIN STREET  
ANYTOWN, MAINE 00000  
207-123-4567

LICENSEE: \_\_\_\_\_  
STATE LICENSE #: \_\_\_\_\_

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

AMOUNT FINANCED: \_\_\_\_\_  
MONTHLY PAYMENTS: \_\_\_\_\_  
DATE PAYMENT DUE: \_\_\_\_\_  
TOTAL # OF PAYMENTS: \_\_\_\_\_

SELLING PRICE: \_\_\_\_\_  
DISCOUNTS/TRADE-INS: \_\_\_\_\_  
TOTAL DUE: \_\_\_\_\_  
DEPOSIT: \_\_\_\_\_  
BALANCE DUE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_  
MODEL: \_\_\_\_\_  
SERIAL #(R) \_\_\_\_\_ (L) \_\_\_\_\_  
DELIVERY DATE: \_\_\_\_\_

**Warranty:** your (new, used, reconditioned) hearing aid is fully guaranteed by [Insert Business/Licensee Name and Address] against defects in material and workmanship for a period of \_\_\_\_ year(s) from date of delivery, during which period services and repairs will be made at no cost. The warranty does not cover cords, earmolds, tubing, or batteries and becomes void if an attempt to repair is made by other than those authorized by the company. If the instrument has been misused, damaged, or tampered with, a charge will be made. Postage and insurance is not covered.

**Notice to purchaser:** if not fully satisfied, the buyer has the right to cancel this sale within a thirty (30) day trial period from the delivery date upon the return of hearing aid(s) and devices with a full refund less the price of ear mold(s) \_\_\_\_ and lab fees \_\_\_\_\_. However, the purchaser has the right to cancel this transaction within sixty (60) days of the purchase if the purchaser consults an audiologist or licensed physician who in writing specifies that the hearing aid is not advisable and the medical reason why.

**If you wish to register a complaint regarding this purchase, please contact:** State of Maine, Department of Professional and Financial Regulation, Board of Hearing Aid Dealers and Fitters, 35 State House Station, Augusta, ME 04333-0035, telephone: (207)624-8660, or website: [www.maineprofessionalreg.org](http://www.maineprofessionalreg.org)

**Terms of service:** the notice shall state the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.

Any examination or examinations or representation or representations made by a licensed hearing aid dealer and fitter in connection with the fitting and selling of such hearing aid or aids is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

(PURCHASER'S SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

(LICENSEE'S SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_